

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90215 020 ***150.00

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1. Entity Name

MARSET CREATIONS, INC.



Principal Place of Business

7480 W. COMMERCIAL BLVD.
LAUDERHILL FL 33319

Mailing Address

7480 W. COMMERCIAL BLVD.
LAUDERHILL FL 33319

2. Principal Place of Business

NOT DOING
BUSINESS

3. Mailing Address

15502 Fiorenza Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Currently

City & State

Delray Beach, FL

Zip

Country

Zip

Country

33446

USA

4. FEI Number

65-0653166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK, MARY
7480 W COMMERCIAL BLVD.
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name

MARY FRANK

Street Address (P.O. Box Number is Not Acceptable)

15502 FIORENZA Circle

City

Delray Beach

FL

Zip Code

33446

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary Frank

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FRANK, MARY
STREET ADDRESS 15502 FIORENZA CIR.
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE D ☐ Delete
NAME FRANK, SETH D
STREET ADDRESS 9831 NW 57 MANOR
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Frank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/06

561-736-2226